

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Israel Raz : Group No.: 2181  
Serial No.: 10/722,914 : Examiner: Martinez, David E.  
Filed: November 26, 2003 :  
For: METHODS AND SYSTEMS FOR :  
MANAGING OUTPUTS TO :  
PERIPHERAL DEVICES :  
:

**Mail Stop: RCE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:

- Amendment Transmittal Petition for Extension of Time (3 pgs.)
- Amendment After Final in Response to the Final Office Action dated October 27, 2008 and the Advisory Action dated January 16, 2009 (9 pgs.)
- Request for Continued Examination (RCE) Transmittal (1 pg.)

**STATUS**

2. Applicant

claims small entity status.  
 is other than a small entity.

**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

\_\_\_\_ deposited with the United States Postal Service with sufficient postage as Express Mail, in an envelope addressed to: Mail Stop: AMENDMENT, Commissioner for Patents, Alexandria, VA 22313-1450, **Express Mail No.:** \_\_\_\_

Date: February 27, 2009

**ELECTRONICALLY**

X transmitted to the Patent and Trademark Office.



Charles H. Livingston  
Reg No.53,933

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response<br>within:               | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|---|--------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> first month | \$ 130.00                      | \$ 65.00                            |
| <input type="checkbox"/> second month           | \$ 490.00                      | \$ 245.00                           |
| <input type="checkbox"/> third month            | \$ 1,110.00                    | \$ 555.00                           |
| <input type="checkbox"/> fourth month           | \$ 1,730.00                    | \$ 865.00                           |
| <input type="checkbox"/> fifth month            | \$ 2,350.00                    | \$ 1,175.00                         |

Fee: **\$130.00**

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

— An extension of        months has already been secured. The fee paid  
therefor \$        is deducted from the total fee due for the total months  
of extension now requested.

Extension fee due with this request \$       .

OR

(b)  Applicant believes that no extension of term is required. However, this  
conditional petition is being made to provide for the possibility that  
applicant has inadvertently overlooked the need for a petition for extension  
of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(h)-(j)) has been calculated as shown below:

|   | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)         | SMALL ENTITY               |    | OTHER THAN<br>SMALL ENTITY |
|---|---|-------|---------------------------------------|------------------|----------------------------|----|----------------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL.<br>RATE FEE    | OR | ADDITIONAL<br>RATE FEE     |
| TOTAL                                       |   | MINUS |                                       | =                | x \$26.00 = \$             |    | x \$52.00 = \$             |
| INDEP.                                      |   | MINUS |                                       | =                | x \$110.00 = \$            |    | x \$220.00 = \$            |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |                                       |                  | + \$195.00 = \$            |    | + \$390.00 = \$            |
|   |   |       |                                       |                  | TOTAL ADDITIONAL<br>FEE \$ | OR | TOTAL ADDITIONAL<br>FEE \$ |

(a)  No additional fee for Claims is required

**OR**

(b)  Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

5.  Attached is a check in the sum of \$\_\_\_\_\_

Credit Card Authorization for the 1-month extension of time in the amount of \$130.00 is attached to the electronic transmission.

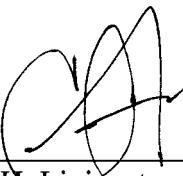
## FEE DEFICIENCY

6.  If any additional extension and/or fee is required, charge Deposit Account No. 50-3858.

## AND/OR

If any additional fee for claims is required, charge Deposit Account No. 50-3858.

7.  Other:

  
\_\_\_\_\_  
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